



## The Special Needs of Children in Foster Care

**As the child's PCP** – you may be the first and only provider the child has seen since removal from their home.

Not all children have a forensic exam when removed by DCS.

So you may be the only provider who can identify signs of abuse or neglect.

### Within 72 hours of placement the child should have

- An initial health assessment –
  - to determine any urgent medical issues,
  - provide scripts for any medications,
  - arrange for any equipment or skilled nursing services needed and
  - To evaluate for abuse and further work up. (some children may need to have this evaluation in the first 24 hours)
- The Rapid Response evaluation by the Behavioral Health System- which occurs in the first 72 hours to determine any acute behavioral Health issues- identify previous behavioral health services, to assist with the trauma of removal or any other traumas the child may have incurred and provide support to the family.

### Within 7 days of the Rapid response the child should have

- the first Behavioral health evaluation, and
- within the next 21 days have had the first Behavioral Health Service.

### Within the First 30 days after placement the child should have

- A comprehensive evaluation of their medical, dental, mental health developmental and educational status as part of the EPSDT
- The first visit with the Dentist.

### Follow up visits should include

- Re-evaluation every 60-90 days to
  - Assess for the continued effects of toxic stress on the child such as
    - Altered immune function etc., as well as
    - Altered cognitive functioning and development
  - follow up on any adjustments the child is making to their new home
  - follow up on any medical and behavioral health needs and ensure the child is receiving services
  - coordinate the care and evaluation of behavioral health and educational issues
  - continue to evaluate for abuse
  - evaluate the caregiving aspects of the child- is the child getting the needed attention and caregiving, is the caregiver overwhelmed
  - reports to DCS should occur if there are any concerns for abuse or neglect while in foster care
- Routine EPSDT visits
- Routine Dental visits 2 times a year


The foster parent should be provided with a summary of the visit – which should include all the medication and any other diagnosis or medically related information pertinent to the child and the visit.

For more information on the special needs of children in Foster care, please view  
The AAP Policy statement from October 2015

### Health Care Issues for Children and Adolescents in Foster Care and Kinship Care

COUNCIL ON FOSTER CARE, ADOPTION, AND KINSHIP CARE, COMMITTEE ON ADOLESCENCE, and  
COUNCIL ON EARLY CHILDHOOD

<http://pediatrics.aappublications.org/content/early/2015/09/22/peds.2015-2655>

 <b>COMPREHENSIVE MEDICAL &amp; DENTAL PROGRAM</b>	
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# Arizona State Immunization Information System (ASIIS)



The Arizona State Immunization Information System (ASIIS) is a registry designed to capture immunization data on individuals within the state. Providers are required, under Arizona Revised Statute (ARS) §36-135, to report all immunizations given to children from birth to 18 years of age to the state's health department. By placing this data into the registry the provider meets this reporting requirement. The registry is a valuable tool for the reporting of immunization information to public health professionals, healthcare providers, parents, guardians and other child care personnel to manage the immunizations of children within the state.

Under Arizona Revised Statute (ARS) §36-135 and Arizona Administrative Code (AAC) R9-6-706 and 707, children "birth to 18" years of age are required to receive certain vaccines to enter childcare facilities and/or schools, and all healthcare professionals administering immunizations to children must report those immunization to the registry.

## Registry Goals

- To have recorded 100% of the vaccinations provided to children within the State.
- To provide all registered ASIIS providers with access to data stored in the registry, allowing them to check the registry for current and historical patient immunization records.
- To maintain the confidentiality of all patient information received in the registry.
- To ensure that healthcare professionals administering immunizations are reporting to the ASIIS registry in a regular and timely manner.
- To provide a means for improved monitoring of immunization levels.

<http://www.azdhs.gov/phs/asiis/>

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## Budesonide vs Pulmicort

Providers - There is a very important change regarding these medications!

**Pulmicort** inhalation solution **IS** covered by CMDP/AHCCCS AND requires a Prior Authorization.

**Budesonide** inhalation solution (generic) is **NOT** covered by CMDP/AHCCCS.

Historically, the generic would always be the preferred medication but in this instance, the brand is the covered medication. A Prior Authorization is required however. Please submit a Prior Authorization directly to MedImpact as you would any other medications that require authorization.

You will find the MedImpact forms on the CMDP website at <https://dcs.az.gov/cmdp> or you can contact CMDP Medical Services Unit at (602) 351-2245 for assistance.

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## FDA Alerts and Black Box Warnings

- The U.S. Food and Drug Administration (FDA) announced that Dexcom, Inc. has voluntarily recalled their continuous glucose monitoring system receivers because the audible alarm may not activate in the receiver piece when hypoglycemia or hyperglycemia is detected. This system includes a sensor placed under the skin to measure blood glucose readings that are sent to a hand-held receiver. The systems are used in combination with standard home glucose monitoring devices in the management of diabetes. Relying on this product for notification of hypoglycemia or hyperglycemia could result in serious adverse consequences, including death, because the auditory alarm may not alert the user of hypoglycemia or hyperglycemia. MedImpact would notify CMDP if there were any members who received the specific lot number. No members have been identified. Additionally, MedImpact placed a POS message with hard stop on the affected NDCs stating, “FDA product recall, do not dispense this product”.
- The U.S. Food and Drug Administration (FDA) announced that Pharmakon Pharmaceuticals refused to initiate a drug recall and refused to cease sterile drug production, as requested by the FDA. Therefore, at this time the FDA is alerting health care professionals to avoid use of any drug products that are intended to be sterile and that are produced and distributed nationwide by Pharmakon Pharmaceuticals, Inc. in Noblesville, Indiana.
- The FDA recently inspected the Pharmakon Pharmaceuticals facility (following a recent voluntary partial lot recall of morphine sulfate 0.5mg/mL preservative free 1mL syringes for intravenous use, due to incorrect potency) and found unsanitary conditions, poor sterile production practices, environmental contamination for multiple sites within the clean rooms, and other deficiencies. MedImpact has not approved claims for any of the active NDCs of Pharmakon products over the last 120 days. Additionally, MedImpact has placed a POS message with hard stop on the affected NDCs stating, “FDA product warning due to lack of sterility assurance, do not dispense this product”.

Healthcare professionals should immediately check their medical supplies and quarantine any drug products marketed as sterile from Pharmakon. These products should not be administered to patients; administration of non-sterile drug products that are intended to be sterile could result in serious and potentially life-threatening infections or death.

Additional information is available at:

<http://www.fda.gov/safety/medwatch/safetyinformation/safetyalertsforhumanmedicalproducts/ucm496448.htm>

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## Zika - Information for Providers

Testing for Zika virus should be considered among patients who have signs and symptoms of disease and traveled to Zika-affected areas, or had sexual contact with someone suspected to have Zika virus infection. Testing for asymptomatic pregnant women can also be considered. Currently, commercial testing is not available; healthcare providers should contact the local health department to report suspect cases and coordinate testing at a public health laboratory. More information about specimen collection, handling, and shipping for Zika virus is available [here](#).

For “Frequently Asked Questions for Healthcare provider”, Zika testing algorithms for healthcare providers (pediatric and OB/GYN)” and additional information use this link <http://www.azdhs.gov/preparedness/epidemiology-disease-control/mosquito-borne/index.php#zika-info-for-providers>



# CMDP Follows Arizona Department of Health Services Childhood Lead Screening Recommendations



- All children living in targeted zip codes should have a blood lead test at 12 and 24 months of age. Children aged 36 to 72 months should be tested if they have not been previously tested.
- Children living in Arizona, but not in a targeted zip code, should receive an [individual risk assessment questionnaire](#) at age 12 and 24 months of age.

## Provider Resource Materials

- [Childhood Lead Screening: A Guide for Health Professionals](#) Everything a provider needs to know about lead poisoning in Arizona: high risk questions, targeted high-risk zip codes, health effects of lead exposure, common sources found in Arizona, and what to do if a test comes back elevated.
- [2014 American Academy of Pediatrics Recommendations for Preventative Pediatric Health Care.](#)
- [CDC Recommendations on Blood Lead Testing for Refugees](#)

## Reporting Elevated Blood Lead Levels

- [Physician Report for Elevated Blood Levels](#) All blood lead levels 10-45 µg/dL must be reported to ADHS by providers within five working days. For blood lead levels  $\geq 45$  µg/dL, providers must report within one working day. Physicians are also asked to report non-elevated results for children with previous elevated blood lead levels to assist in ADHS' follow-up for children with EBLs.
- [How to report results to ADHS](#)

## Follow Up Blood Lead Testing Schedule

- [CDC Recommendation Schedule for Follow Up Blood Lead Testing](#)

## Advisory Committee on Childhood Lead Poisoning Prevention of the Centers for Disease Control and Prevention

- [Recommendations of the Advisory Committee for Childhood Lead Poisoning Prevention of the CDC.](#)

For additional questions please contact CMDP Medical Services at 602-351-2245 or the Childhood Lead Poisoning Prevention Program at 602-364-3118.



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## Controlled Substances and Potential Drugs of Abuse: Reporting Requirements for CMDP providers

The abuse of prescription drugs is a serious societal and public health problem in the United States and in Arizona. According to data from Arizona's Controlled Substances Prescription Monitoring Program (CSPMP), there are approximately 10 million Class II-IV prescriptions written and 524 million pills dispensed each year. Prescription pain relievers account for more than half of the drugs dispensed in the state. As the use of these habit-forming drugs grows, so too does the likelihood of adverse outcomes related to misuse and abuse.

Overdose deaths from prescription analgesics increased more than four-fold from 1999 to 2010 in the U.S. The Centers for Disease Control and Prevention (CDC) declared it an epidemic and Arizona is no exception. **Arizona ranked 6th highest in the nation in 2010 for drug overdose deaths and had the 5th highest opioid prescribing rate in the U.S. in 2011.**

Relieving pain and reducing suffering must be done in a manner that limits the personal and societal harm from prescription drug misuse and abuse. Arizona created guidelines for the prescription of opiates. These guidelines are intended to help prescribers and patients by reducing the inappropriate use of controlled substances, improving safety, and reducing harm while preserving the vital roles of clinicians and patients in the management of acute and chronic pain.

As an AHCCCS/CMDP provider- you are

1. **Required** to review the State Board of Arizona Controlled Substances Prescription Monitoring Program (CSPMP) for data related to specific members when prescribing controlled substances and other sedating prescriptions
2. **Required** to report any suspicion of drug diversion to the following agencies

- Arizona State Board of Pharmacy
- DEA, for reporting theft or loss of controlled substances, at <https://www.deadiversion.usdoj.gov/webforms/dtlLogin.jsp> on the DEA Office of Diversion Control website
- Local law enforcement and fraud alert networks
- Office of the Inspector- U.S. Department of Health and Human Services- HHS OIG National Hotline, by calling 1-800-HHS-TIPS (1-800-447-8477) or TTY 1-800-377-4950 or by visiting the website <https://forms.oig.hhs.gov/hotlineoperations/>
- CMDP or other AHCCCS Health Plan

**Our Goal is to increase registration and utilization of the CSPMP.**

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## Fluoride Varnish Application– Simple, Easy, Beneficial



Fluoride varnish application has been shown to be effective in the prevention of dental caries. It is a commonly used, non-invasive procedure that is well documented in regards to safety. Since there is minimum risk of ingestion when using fluoride varnish, it has become the preferred fluoride product for children less than 6 years of age. When fluoride varnish is brushed directly on teeth, it adheres and dries immediately. This simple and direct method delivers high concentration of fluoride (5% NaF) to tooth surfaces making it an ideal preventive agent.

AHCCCS formally approved the application of fluoride varnish for primary care physicians in 2014. Since medical providers regularly see children under the age of two, the opportunity exists to initiate early oral health preventive services. AHCCCS will reimburse PCP's for varnish application for members up to second birthday. The frequency of application is every 6 months and the designated billing code is (D1206).

Fluoride varnish is safe, effective and proven agent in the prevention of dental decay in young children.

Dr. Jerry Caniglia  
CMDP Dental Consultant

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## Behavioral Health Coordination Issues

Children and youth involved in the child welfare system have a unique set of needs including traumatic experiences from abuse, neglect, and/or removal from their home. Navigating the behavioral health system can be challenging. The information provided here will help you know who to call when you need help or have questions.

The Behavioral Health Unit at CMDP works across the state to support positive outcomes for youth in DCS custody in Child and Family Team meetings (CFTs), as well as other informal meetings. Through our work we are passing along information AHCCCS is disseminating as well.

Behavioral health is administered through three contracted Regional Behavioral Health Authorities (RBHAs), a fourth health plan which is partially integrated called Children's Rehabilitative Services (CRS) and the Tribal Regional Behavioral Authorities (TRBHA). If you have question or comment, concern or compliment about Behavioral Health Services please outreach any of the following persons to assist you in service delivery to the child and family. These are the single point of contact for overcoming real or perceived barriers to children and families receiving the appropriate and timely care.

### **Mercy Maricopa Integrated Care (MMIC)**

Maricopa County (and part of Pinal County based on zip code)

[DCS@mercymaricopa.org](mailto:DCS@mercymaricopa.org)

Randy Grover, LCSW  
Child Welfare Manager  
(480) 751-8471

RBHA Member Services  
1 (800) 564-5465

### **Cenpatico Integrated Care (C-IC)**

Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz, & Yuma Counties

[DCS@cenpatico.com](mailto:DCS@cenpatico.com)

Hilary Mahoney, MPH  
DCS Liaison  
(866) 495-6738

RBHA Customer Service  
1 (866) 495-6738

### **Health Choice Integrated Care (HCIC)**

Apache, Coconino, Mohave, Navajo, & Yavapi Counties

[DCS@iasishealthcare.com](mailto:DCS@iasishealthcare.com)

Victoria Tewa  
Director of Children's Services  
(928) 214-1194

RBHA Member Services  
1 (800) 640-2123

### **Children's Rehabilitative Services (CRS)**

*Operated by United Healthcare Community Plan (UHCCP)*  
Statewide for children with a qualifying CRS medical condition

[Marta\\_urbina@uhc.com](mailto:Marta_urbina@uhc.com)

Marta Ubina, UHCCP Liaison to DCS  
(602) 255-1692

CRS Member Services  
1 (800) 348-4058

If you or someone you are assisting are unable to resolve concerns through the RBHA, please contact the AHCCCS customer service line for support at **602-364-4558** or **1-800-867-5808**.

You may outreach us at CMDP at any time to support your advocacy for the needs of youth and families. Thank you for your support and commitment to improve the lives of children and families involved with DCS!

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## **Billing Members is Prohibited**

Under most circumstances, CMDP foster caregivers and CMDP members are not responsible for any medical or dental bills incurred for the provision of medically necessary services. Please note that an AHCCCS registered provider shall not request or collect payment from, refer to a collection agency, or report to a credit reporting agency an eligible person or a person claiming to be an eligible person in accordance with Arizona administrative Code R9-22-702. Civil penalties may be assessed to any provider who fails to comply with these regulations.

Providers who may have questions regarding exceptions to this rule are encouraged to contact the CMDP Provider Services unit at 602-351-2245 for clarification.

Members who have received a medical or dental bill from a CMDP provider, please contact the CMDP Member Services unit at 602-351-2245 or (800) 201-1795 for further instructions.

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## FQHC and RHC Billing Changes

Effective for dates of service on and after April 1<sup>st</sup> 2015, all Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) must utilize the appropriate NPI for the FQHC or RHC as the rendering provider for all claims. Visits must be billed on a CMS 1500 form, 837professional format, ADA form or 837Dental format with the appropriate place of service (11 – Office, 22 – Outpatient, 49 – Independent Clinic, 50 – FQHC, 71 – Public Health or 72-RHC).

The T1015 (Clinic visit/encounter, all-inclusive) procedure code is required to be reported on all claims to designate an FQHC/RHC visit and receive reimbursement. In addition to the T1015 code, claims must include all appropriate covered procedure codes describing the services rendered as part of the visit and will bundle into the visit and valued at \$0.00 for reimbursement purposes. Multiple visits on the same day must be identified with the T1015 code with the modifier 25 to indicate a distinct and separate visit.

The Professional Practitioner (provider) participating in/performing the services must also be reported on all claims. This information is to be reported in Box 19 on the CMS 1500 claim form and Box 35 on the ADA form. Below is an example of the formatting requirements from AHCCCS.

One Participating/Performing Provider - XXNPIProviderName (last, first 20 characters)

Example –

XX1987654321Smitherhouse, Michelle

Two Participating/Performing Providers –

XXNPIProviderName (last, first 20 characters) 3 blanks XXNPIProviderName (last, first 20 characters)

Example –

XX1987654321Smitherhouse, Michelle XX2123456789Fredricksburg, Cynthia

For more information, please see <https://azahcccs.gov/PlansProviders/RatesAndBilling/FFS/FQHC-RHC.html>

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## Claims Modernization

### EFT

Health care and dental providers *who currently receive* Electronic Funds Transfer (EFT) from other Arizona State agencies besides the Comprehensive Medical and Dental Program (CMDP) are eligible to begin receiving EFT from CMDP as well, effective July 1st. Providers *who are not yet receiving* EFT but are currently receiving paper warrants from Arizona State agencies and wish to sign up for EFT, also known as Automated ClearingHouse (ACH) payments, may use the following link to contact the Arizona Department of Administration, General Accounting Office (GAO): <https://gao.az.gov/sites/default/files/GAO-618-030812.pdf>

Completed ACH request forms must be sent directly to GAO at the address provided and must be original signatures (not copies).

Please direct any questions to Susan Blackledge at 602-771-3633.

### EDI

CMDP is actively trading data with the following Clearinghouses:

Dental Exchange

Change Health (Emdeon)

Gateway

HEW

What Clearinghouse does your office use to bill electronic claims? Please let us know at [CMDPClaims@azdes.gov](mailto:CMDPClaims@azdes.gov). If you or your Clearinghouse would like to register with CMDP, please visit our website <https://dcs.az.gov/cmdp> or call our Provider Services Representative, Tammy Tomasino at 602-364-0748 to become a Trading Partner today!

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## Tips on Providing Culturally Competent Care to Patients

### **Do not stereotype people**

Information you have on cultural traditions is but a starting point for understanding another individual. There are many influences on one's cultural beliefs, so find out first if the person fits the generalization.

### **Ask patients what they think caused their illness**

Not every patient thinks a "germ" or "virus" caused their disease. They may attribute a variety of causes such as stress, spiritual forces or bodily imbalances.

### **Respect their beliefs, even if they appear strange to you**

Often patients are afraid to tell a health care provider what home treatments they may be using or what other practitioners they may be seeing because of ridicule they have experienced in the past.

### **When and if possible, incorporate into your treatment plan the patient's beliefs about treatment and prevention that are not contraindicated**

Patients will likely go ahead and use their own treatments anyway, but if you incorporate their beliefs into the treatment plan, they are more likely to follow your treatment plan.

### **Do not neglect the patient's family**

In many cultures, important decisions are made by the family, not simply the individual. Involving the family in decision-making process and treatment plan will help gain the patient's compliance with treatment.

### **Respect and do not discount a patient's concern about supernatural influences on his/her health and well being**

Do not minimize the patient's concerns. Your minimization will not change the patient's beliefs. Listen respectfully to the patient's concern and when possible involve an appropriate spiritual healer/advisor in the patient's care.

### **Learn about the beliefs and practices of the patient populations in your community**

This will help you better understand your patient's attitudes and behaviors. You may also use this knowledge to question a patient to learn more about their own individual practices.

Article taken in part from Communication with Patients: Cultural Competency, College of Medicine, Medical University of South Carolina.

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## Language Line

Language Line Services are provided for members and foster caregivers to communicate with CMDP and healthcare providers. The service is for interpretation in over 140 languages either by phone or written translation. **American Sign Language** is also available to help members and foster caregivers communicate with healthcare providers. We ask that you contact us one week in advance to arrange for language interpretation services. To request these services, you must contact CMDP Member Services at 602-351-2245 or 1-800-201-1795.







### Helpful Websites

Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care programs to serve Arizona residents.

[www.azahcccs.gov](http://www.azahcccs.gov)

Children's Rehabilitative Services (CRS): This program provides medical care and support services to children and youth who have chronic and disabling conditions.

<http://www.uhccommunityplan.com/>

Vaccines for Children (VFC): A federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay.

<http://www.cdc.gov/vaccines/programs/vfc/index.html>

Every Child by 2 Immunizations (ECBT): A program designed to raise awareness of the critical need for timely immunizations and to foster a systematic way to immunize all of America's children by age two.

[www.ecbt.org](http://www.ecbt.org)

Arizona State Immunization Information System (ASIIS) and The Arizona Partnership for Immunization (TAPI): A non-profit statewide coalition who's efforts are to partner with both the public and private sectors to immunize Arizona's children.

[www.whyyimmunize.org](http://www.whyyimmunize.org)

American Academy of Pediatrics: An organization of pediatricians committed to the optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.

[www.aap.org](http://www.aap.org)



## Comprehensive Medical and Dental Program "Serving Arizona's Children in Foster Care"

(602)351-2245

800 201-1795

<https://dcs.az.gov/cmdp>

### Fax Numbers

Claims.....(602) 265-2297

Provider Services.....(602) 264-3801

Behavioral Services.....(602) 351-8529

Medical Services .....(602) 351-8529

Member Services.....(602) 264-3801

### Email Address

Claims.....[CMDPClaimsStatus@azdes.gov](mailto:CMDPClaimsStatus@azdes.gov)

Provider Services.....[CMDPProviderServices@azdes.gov](mailto:CMDPProviderServices@azdes.gov)

Behavioral Services.....[CMDPBHC@azdes.gov](mailto:CMDPBHC@azdes.gov)

Member Services.....[CMDPMemberServices@azdes.gov](mailto:CMDPMemberServices@azdes.gov)

Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-364-3976; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina 602-351-2245 o al 1-800-201-1795.